

10-308  
17-39  
3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 6 1948 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3864 Greer Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Scheer Vicker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Henry A. Vicker 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased June 17th, 1885  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Housework  
11. Industry or business \_\_\_\_\_  
12. Name Louis Scheer  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry A. Vicker  
(b) Address 3864 Greer Avenue,  
17. (a) Burial (b) Date thereof 10/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director Calvin F. Feutz  
(b) Address 4828 Natural Bridge Boulevard  
19. (a) AT 29 (b) J. B. Lasater  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3864 Greer Avenue (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1948 hour 2 minute 40P M.  
21. I hereby certify that I attended the deceased from July 16 to Oct 27 1948  
that I last saw her alive on Oct. 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Coronary thrombosis  
Due to Coronary thrombosis  
Other conditions Had been operated on  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. J. Pugh (M. D. or other) \_\_\_\_\_  
Address 4158 Greenwood Date signed 10

Co. 1111

8 to 9 am 1 to 2 pm 2 to 3 pm 3 to 4 pm 4 to 5 pm 5 to 6 pm 6 to 7 pm 7 to 8 pm 8 to 9 pm

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. McInnis

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

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